



Office of the County Assessor
 Lisa Frizell, Assessor
 Phone 303-660-7450 Fax 303-479-9751

301 Wilcox Street
 Castle Rock, CO 80104

PETITION FOR ABATEMENT OR REFUND OF TAXES

County _____

Date _____

Received _____

Use Assessor's or Commissioners' Date Stamp

Section I: Petitioner, please complete Section I only.

Date: _____
 Month Day Year

E-mail _____

Petitioner's Name: _____

Petitioner's mailing address: _____

City or Town

State

Zip Code

SCHEDULE OR PARCEL NUMBER(S)

PROPERTY ADDRESS OR LEGAL DESCRIPTION OF PROPERTY

Petitioner states that the taxes assessed against the above property for property tax year _____ are incorrect for the following reasons:
 (Briefly describe the circumstances surrounding the incorrect value or tax. Attach additional sheets if necessary.)

Petitioner's estimate of actual value \$ _____ (_____)
 Value Year

Petitioner requests an abatement or refund of the appropriate taxes.

I declare, under penalty of perjury in the second degree, that this petition, together with any accompanying exhibits or statements, has been prepared or examined by me, and to the best of my knowledge, information and belief, is true, correct and complete.

 Petitioner's Signature Daytime Phone Number (_____)

By _____
 Agent's Signature* Daytime Phone Number (_____)

*Letter of agency must be attached when petition is submitted.

If the board of county commissioners, pursuant to section 39-10-114(1), or the property tax administrator, pursuant to section 39-2-116, denies the petition for refund or abatement of taxes in whole or in part, the petitioner may appeal to the board of assessment appeals pursuant to the provisions of section 39-2-125 within thirty days of the entry of any such decision. §39-10-114.5(1), C.R.S.

Section II:		Assessor's	Recommendation
(For			Assessor's Use Only)
Tax		Year _____	
	<u>Actual</u>	<u>Assessed</u>	<u>Tax</u>
Original	_____	_____	_____
Corrected	_____	_____	_____
Abate/Refund	_____	_____	_____
<input type="checkbox"/>	Assessor recommends approval as outlined above.		
	No protest was filed for the year: _____ (if a protest was filed, please attach a copy of the NOD.)		
<input type="checkbox"/>	Assessor recommends denial for the following reason(s):		
			_____ Assessor's or Deputy Assessor's Signature